

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Juei-Seng LIAO et al.
Title: TABLE SAW
Appl. No.: Unknown
Filing Date: October 1, 2003
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Juei-Seng LIAO
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Taichung City
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No. 12, Nan-Ping Rd., Nan Dist.,
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☒ [X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (23 pages).
- ☒ [X] Formal drawings (12 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 & 12).
- ☒ [X] Declaration and Power of Attorney (4 pages).
- ☐ [] Assignment of the invention to
- ☐ [] Assignment Recordation Cover Sheet.
- ☒ [X] Small Entity statement.



- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ____ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total Claims:	10	- 20	= 0	x \$18.00	= \$0.00
Independent	1	- 3	= 0	x \$86.00	= \$0.00
s:					
If any Multiple Dependent Claim(s) present:			+	\$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
<input checked="" type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above):	= \$385.00
				TOTAL FILING FEE:	= \$385.00

- ☒ A check in the amount of \$385.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

1 October 2003

By

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